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Montana Responds to STD/HIV

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FDA Approves OraQuick for Use in Detecting HIV-2 Antibodies in Oral Fluid Jun 25, 2004

FDA has approved Bethlehem, Pa.-based OraSure Technologies' OraQuick Rapid HIV-1/2 Test for use in detecting HIV-2 antibodies in oral samples, the company announced on June 23.

Although FDA already has approved the test to detect HIV-1 and HIV-2 in blood samples, it had approved the oral version of the test only for HIV-1. The oral test, which produces results in 20 minutes, requires health care workers to wipe a treated swab along the gums of a patient's mouth and place the swab into the testing liquid. If one line appears on the swab, the person is 99.8% likely to be HIV-negative. However, if two lines appear on the swab, the person is 99.3% likely to be HIV-positive, although a laboratory test is required to confirm the result.

With the approval, the OraQuick test is the first to be used for rapid, on-site testing of oral fluid, blood collected from a finger stick, venous whole blood and plasma samples for both HIV-1 and HIV-2, according to an OraSure release. The company plans to seek a waiver to sell the drug at more than 180,000 sites in the United States (OraSure release, 6/23).

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Special points of interest:

- *Ginny Furshong joins STD/HIV Prevention*
- *Upcoming Out-of State-Conferences*
- *Abstinence for our youth*
- *New Videos from the STD/HIV Library*

December 1, 2004 World AIDS Day

It's that time of year once again to nominate someone for the "Governor's Award for Excellence" in HIV prevention efforts. The categories are:

1) person living well in Montana with HIV/AIDS;

2) person in or from Montana contributing in a meaningful way to the global efforts of HIV/AIDS prevention;

3) person or persons making a substantial contribution to HIV/AIDS prevention efforts in Montana;

4) organization, or group, making an extraordinary difference in HIV/AIDS prevention efforts in their community.

For a nomination form or more information, call Margaret Souza at 444-2675

New Employee-Ginny Furshong

Ginny Furshong has joined the STD/HIV Prevention Section as the HIV Prevention Community Planning Coordinator.

She earned a BS in Health and Human Performance with an emphasis in Health Promotion from the University of Montana. Prior to accepting this position, she worked at the American Cancer Society coordinating prevention programs and support services across Western Montana. Ginny also gained experience working at a local health department planning youth tobacco prevention programs and assisting with the community planning process for HIV prevention. She also spent time facilitating a youth HIV prevention program and is certified as an HIV counselor/tester.

Ginny spent her life moving around the world as a member of an Army family. She has been in Montana for 15 years and lived in Missoula prior to moving to Helena. She is married and has a 15 month old daughter. Ginny can be reached at 444-1604 or by email at gfurshong@state.mt.us

AIDS Action Launches *Connecting To Care* Workbook and Website

Washington, DC, April 1, 2004 – AIDS Action Foundation has released the *Connecting to Care* workbook and website for health care providers working with HIV+ clients. The workbook and website features 17 methodologies that have successfully connected, or reconnected individuals with an "unmet need" or to care through medical support services and client-centered approaches.

"The *Connecting to Care* Website can be accessed through www.aidsaction.org"

Unmet Need – as identified by the HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services – refers to individuals who are living with HIV and are aware of their HIV status, but are not receiving regular primary medical care.

The featured methodologies or "activities" utilize both traditional and innovative approaches to connect individuals to care despite geographic, economic, cultural and linguistic barriers that hinder long-term engagement. The activities range from "*Snapshot* Viral Load Testing" that helps clients at health clinics for the homeless obtain a clear picture of their HIV infection, to "Clinicians Reaching Out" that establishes trust and demystifies the role of the clinician through their active participation in the HIV+ community.

Connecting to Care responds to urgent needs created by the HIV epidemic in the United States by providing health care agencies with model activities that can be adapted to their particular demographic settings - both urban and rural.

The *Connecting to Care* website, which offers English and Spanish versions of the workbook, can be accessed through www.aidsaction.org.

HIV Community Planning Update

The Montana HIV Community Planning Group (CPG) met June 25 - 26, 2004. The objectives of the meeting were to review and approve effective interventions and to review and discuss the draft of the comprehensive HIV prevention plan. All of the effective interventions presented by CPG members were approved with minor changes. Members suggested changes to the comprehensive plan that have been taken into consideration.

The next Montana HIV Community Planning Group (CPG) meeting will be held August 27 – 28, 2004 at the Red Lion Colonial Hotel in Helena, MT. The focus of this meeting will be to review and approve the comprehensive HIV prevention plan and application. The CPG members will then decide if the application reflects the priorities of the comprehensive plan.

For more information on Community Planning, call Ginny at 444-1604.

Mark your Calendars

August 26: HIV Rapid Testing Training in Missoula at Partnership Health

August 27-28: Community Planning Group Meeting, Red Lion Colonial Hotel in Helena

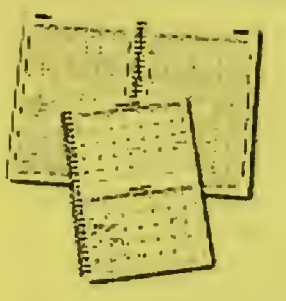
September 8-10: Public Health Meeting in Butte at Ramada Inn Copper King

September 13: Governor's AIDS Advisory Council in Helena

September 15: HIV Contractor's Meeting in Helena

September 24: HIV Treatment Contractor's Meeting in Helena

October 21: Statewide Planning Committee Meeting in Helena



Number of New HIV Cases Increases Worldwide (Jul 07, 2004)

The 2004 UNAIDS Report of the Global AIDS Epidemic released by UNAIDS on July 6, 2003, illustrates "daunting trends" and an increasing "need for assistance" in the world's fight against the pandemic, the Boston Globe reports (Donnelly, Boston Globe, 7/7). According to the report, which for the first time includes revised HIV prevalence for previous years based on improved methodology and more comprehensive country surveillance data, five million new HIV cases were reported worldwide last year -- the most cases reported in any single year since the beginning of the epidemic. The report shows that the number of people living with HIV increased from 35 million in 2001 to 38 million in 2003. The report also shows that nearly three million people died from AIDS-related causes in 2003. In addition, almost 50% of new HIV cases worldwide were among people ages 15 to 24, and women comprised almost 50% of people living with HIV, the report says (Kaiser Daily HIV/AIDS Report, 7/6).

> "five million new HIV cases ...the most cases reported in any single year since the beginning of the epidemic"

Upcoming Out of State Conferences

September 9-10, 2004, "The 16th Annual Denver STD/HIV Clinical Update," Denver, Colorado. Information:www.DenverPTC.org

October 21-24, 2004, "United States Conference on AIDS," Philadelphia, Pennsylvania. Information: www.nmac.org

November 11-14, 2004, "5th National Harm Reduction Conference," New Orleans, Louisiana.

April 8-10, 2005, "HIV/STD Prevention in Rural Communities: Sharing Successful Strategies IV," Bloomington, Indiana.

www.indiana.edu/~aids

December 9-12, 2004, "North American AIDS Treatment Action Forum," St. Louis, MO
http://129.41.41.65/conferences/nataf2004/default.htm

MONTANA: "Just Say 'Whoa" Missoula Independent (04.08.04)

The Montana Abstinence Partnership (MAP) and the Governor's Council on Families recently launched a statewide media campaign that encourages 12- to 18-year-olds to remain sexually abstinent until marriage, said Jon Berg, MAP's coordinator. The 50,000 media campaign, "Abstinence 'til Marriage - the Smart Choice," is funded with a grant from the federal Department of Health and Human Services (HHS) and features billboards, posters and TV, radio and theater advertisements.

From its annual $176,000 HHS grant, MAP has given $95,000 to 12 organizations in 11 Montana cities to develop abstinence programs, workshops and additional education activities in 2004.

Berg said MAP does fund some programs that discuss contraceptive use, but only their failure rates. "We're encouraging kids to make healthy choices and not put themselves at risk," he said, acknowledging that abstinence-only programs do not persuade all teens. "You aren't going to convince everybody, but we certainly want to set the standard high," Berg added.

According to the 2003 Montana Youth Risk Behavior Survey, 30 percent of high school students and 9 percent of middle school students in the state are sexually active. Abstinence-only programs work to help these teens understand all the complications of a sexually active lifestyle, not just STDs and unwanted pregnancy, said Berg.

Students need to have as much information as possible in sex education, said Laurie Kops, STD program manager for the Montana Department of Public Health (MDPH). Data released by MDPH reported an increase in the total number of chlamydia cases in 2003 to 2,521, up 20 cases from 2002. Kops attributes the rising numbers of STDs to more people having unprotected sex at a younger age. She said the state recently posted its first syphilis case in five years.

A MAP survey of 400 students taken after a similar abstinence media campaign in 2002 found that of 89 percent of teens who reported seeing the ads, 66 percent said the TV ads were effective in delivering the message, while just 28 percent of respondents thought the billboards were effective.

"Web Site for HIV-Positive Women" Women's Health Weekly (10.02.03)

The Well Project, an initiative by and for women living with HIV/AIDS, has launched a new Web site to serve as a comprehensive woman-specific HIV resource offering the latest information on managing the disease for infected women, health care providers, and advocates. Women are the fastest growing population of newly HIV-infected people in the United States and worldwide.

"Women with HIV/AIDS face unique challenges. The Well Project is specifically designed to identify and fill in the gaps of current information and unify the distribution of the already available, but often under-utilized resources," said Dawn Averitt, its founder and CEO.

For more information:
www.thewellproject.com

The Web site includes fact sheets; data sets; summary slides; a searchable clinical trials database; a resource directory; and a physician network for expert discussion on treatment. The site is divided into five targeted sections: HIV, The Basics, Treatment and Trials, Diseases and Conditions, Living Well, and a Women's Center. In addition, members can participate in confidential and secure discussion boards, download advocacy tools, and receive an e-newsletter highlighting the most current information about women and HIV.

HIV Patients, Not-for-Profit Groups Donate Unused Antiretroviral Drugs to Patients in Developing Countries

Some HIV-positive people in the United States are donating unused antiretroviral drugs to people living with the disease in developing countries to help "piece together" their treatment regimens. Some HIV-positive Americans donate their medicines after they change treatments. In addition, some friends and family members of people who have died from AIDS-related illnesses donate unused drugs. Although providing unused medicines to individuals in the United States is against federal law, medicines may be donated to a designated not-for-profit group for distribution to other countries as humanitarian aid, according to the AP/Times. Groups such as Aid for AIDS match U.S. patients who are willing to donate their unused medications to people living with HIV/AIDS in developing countries. Aid for AIDS distributes "recycled" medications to 350 patients in 16 countries in Latin America, the Caribbean, Africa and the Middle East. George Fesser, Aid for AIDS' director of recycling, said, "Donations from 20 to 30 people can provide one year's worth of medicine for one patient," adding, "Relying on leftover medication, we don't have a consistent stream. We have little trickles, and it's up to us to create the proper drug regimens for the proper patient" (AP/New York Times, 6/12). *(See article below for more specifics on one organizations' efforts.)*

Call for Extra Medications for Uganda via Wyoming

If you are interested in this concept of donating "unused medications" to be distributed in Uganda, contact Wyoming: Positives for Positives. Your donations provides a lifesaving service to people who would have virtually no access to these medications if it were not for your support.

Wyoming: Positives For Positives
1700 Carey Avenue
Cheyenne, WY 82001
Phone: 800-492-2203
Email: info@pos4pos.org

If you have switched therapies, stock-piled meds, have extra professional samples, or have a friend who no longer needed drugs, please consider making a donation. All types of medications are needed, particularly HIV antivirals and medications for opportunistic infections. If you would like further information call or email:

Wyoming: Positives For Positives
1700 Carey Avenue
Cheyenne, WY 82001
Phone: 800-492-2203

NEW Videos to Borrow From STD/HIV Section

Excellent thirty minute video entitled, "Real View Mirror-Looking at Your Future, Leaving the Drug Culture Behind." Video addresses club drugs, methamphetamine use, and over the counter possibilities for abuse. Good for youth, ages 12—18. Videoconference sponsored by the Justice Department.

Another videoconference sponsored by the Justice Department, one hour in length and suitable for home health nurses, social workers doing home visits, or anyone wanting more information on methamphetamine use, "Ice Age: Meth across America."

"HIV Positive Voices" is the stories of four individuals who are HIV +. Can be shown in its' entirety or segments. Suitable for anyone wanting to put a face to HIV in America. Call Margaret Souza at 444-2675 for information or to borrow one of the videos.

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"Agency Approves Drug to Plump Up Faces Left Wasted by HIV" (Associated Press (08.03.04)

On Tuesday, the US Food and Drug Administration announced its approval of Sculptra, the first treatment specifically for the loss of facial fat that can leave HIV patients' faces gaunt and sunken. The substance, a form of polymer, has been used for decades to make dissolvable stitches. Since 1999, it has been used as an injectable wrinkle-filler in Europe.

No one is sure what causes lipoatrophy, the fat loss, although it seems to be associated with HIV therapies. An estimated 20-50 percent of HIV patients experience the condition to some degree. The sunken cheeks and eyes can dramatically affect quality of life for patients severely affected.

In announcing its approval, FDA cited studies showing that Sculptra improved facial shape and appearance when injected into sunken areas of HIV patients' faces. The improvements may last two years; however, FDA cautioned that repeat treatments may be necessary as the substance breaks down.

Skin nodules, redness, swelling and injection-site bruising are among side effects. But because studies to date have mainly focused on white men, FDA is requiring Dermik Laboratories, Sculptra's maker, to conduct a five-year study whose 100 participants must include at least 30 women and 30 patients with dark skin.

Sculptra should be used only by health professionals familiar with Dermik's training materials, FDA said, and is not approved for cosmetic wrinkle-filling. Aventis, Dermik's parent company, declined to reveal its planned price for Sculptra.

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Spring 2004

University of Massachusetts To Begin Human Trials of HIV Vaccine [Mar 24, 2004]

Researchers announced the start of human clinical trials of an experimental HIV vaccine that targets five different strains of the virus, the *Boston Globe* reports. The vaccine contains genetic material from two strains of HIV found in the United States, two found in Africa and one found in Thailand. Animal tests of the vaccine demonstrated that it is effective at provoking an immune response, including the production of antibodies and "killer cells," according to the *Globe*. The researchers plan to administer three injections to 36 participants during a six-month period. In addition, the participants will receive two injections of proteins designed to boost the effectiveness of the vaccine. The trial is one of four HIV vaccine candidates that are entering clinical trials with $70 million of NIH funding. "One HIV [strain] wears a fur coat, the other is wearing a rawhide coat and the other is wearing a sweater," Dr. Jeff Kennedy, assistant professor of medicine at the university and lead researcher, said, adding, "We're going to inject people so their immune system can see the sweater, so they can see the fur coat, so they can see the rawhide coat." (Smith/Allen, *Boston Globe*, 3/23)

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Concern Growing over American Youth Doing Their Own Piercings, Tattoos AP(02.24.04):Martha Irvine

In Minnesota, officials started a poster campaign to encourage young people to have tattoos and piercings done only by licensed professionals. The campaign aims to stem the growing trend toward tattoos and piercings friends give to each other at "poke and stick" parties. Oregon launched a Web-based campaign after several young people developed serious upper ear infections from piercings at a jewelry kiosk with lax sterilization procedures.

Other states offer brochures and videos about tattooing and piercing. Concerns include the potential spread of tetanus and hepatitis B or C if people share tattooing needles or other sharp objects used for piercing. It's just not something you can do in your garage. Several states have laws prohibiting minors from getting tattoos at all, and other states are considering such bans. Often, licensed piercers and tattooists have high safety standards and may require a parent to be present, or they may set their own age limits for certain procedures.

We're not telling kids they shouldn't get tattoos or piercings. We're just saying, be smart about it!

Special points of interest:

- NIH research projects deemed valid
- New "Fact Sheets" Available on HIV
- New Employee in the STD/HIV Section
- Calendar of Dates to Remember

OVERALL MEDIA COVERAGE OF HIV/AIDS DECREASING, BUT FOCUS ON GLOBAL EPIDEMIC INCREASING Kaiser Family Foundation

"AIDS at 21: Media Coverage of the HIV Epidemic 1981-2002" finds that specific populations disproportionately affected by HIV/AIDS in the U.S., such as gay men, teenagers and young adults, minorities, and women, were the focus of only a small amount of the news coverage.

Mollyann Brodie, Ph.D., Director of Public Opinion and Media Research at the Foundation said," The challenge for reporters interested in writing about HIV is to explore new news angles and for those fighting the epidemic, the challenge is to find new ways to tell the story."

Total media coverage of HIV/AIDS increased during the early 1980's, peaked in 1987, and declined steadily through 2001. While this decline in coverage seems to mirror a decline in new AIDS cases in the U.S., it began about six years before the decline in cases, and continued even as the cumulative number of AIDS cases in the U.S. rose above 500,000. Minor peaks in coverage after 1987 coincided with major developments in the epidemic, occurring in 1991 (Magic Johnson's announcement that he was HIV positive), in 1996 (the introduction of highly active antiretroviral therapy), and in 2001 (increased attention to the global epidemic).

Coverage was mainly U.S.-focused throughout the time period. This has shifted recently, as the proportion of stories with at least some global focus increased dramatically, starting in 2000, accompanied by a decline in attention to the domestic story.

FDA Approves First Oral Fluid Based Rapid HIV Test Kit

FDA approved the use of oral fluid samples with a rapid HIV diagnostic test kit that provides screening results with over 99 percent accuracy in as little as 20 minutes. Until now, all rapid HIV tests required the use of blood in order to get such rapid results. As when used on blood, this test can quickly and reliably detect antibodies to HIV-1 and can be stored at room temperature and requires no specialized equipment.

HHS Secretary Tommy G. Thompson said, "Where the rapid test is available, those tested get their results within minutes. This oral test provides another important option for people who might be afraid of a blood test. It will improve care for these people and improve the public health as well."

To perform the test, the person being tested for HIV-1 takes the device, which has an exposed absorbent pad at one end, and places the pad above the teeth and against the outer gum. The person then gently swabs completely around the outer gums, both upper and lower, one time around. The tester then takes the device and inserts it into a vial containing a solution. In as little as 20 minutes, the test device will indicate if HIV-1 antibodies are present in the solution by displaying two reddish-purple lines in a small window on the device. If the OraQuick test gives a reactive test result, that result must be confirmed with an additional more specific test.

This test is not yet CLIA waived for use in non-clinical settings.

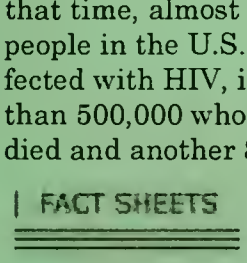
Lisa Underwood becomes the new Quality Assurance Specialist in the STD/HIV Section

Lisa Underwood has changed positions in the STD/HIV Prevention Section from the HIV Prevention Community Planning Coordinator to the Quality Assurance Specialist.

Her new phone number is (406) 444-3566 or her email address is Lunderwood@state.mt.us

AIDS at 21– Fact Sheets Available

The first cases of what would later become known as AIDS were reported in the United States in June of 1981. Since that time, almost 1.5 million people in the U.S. have been infected with HIV, including more than 500,000 who have already died and another 850,000-950,000 who are estimated to be living with HIV/AIDS. As part of the Kaiser Family Foundation's ongoing effort to provide the latest information about HIV/AIDS, we are releasing an updated fact sheet on the HIV/AIDS epidemic in the U.S., including trends over time, a current profile of AIDS cases, and the impact of the epidemic on particular populations. The fact sheet, as well as other resources on the epidemic in the U.S. and globally, can be found at http://www.kff.org/hivaids/3029-03.cfm .



"NIH: Sex Research Is Valid" AP(01.28.04)

National Institutes of Medicine Health Director Dr. Elias Zerhouni told his advisory committee earlier this month that an internal review of about 190 NIH-funded grants concluded that all of them are valid and in the public's interest. "When we looked at the public-health relevance, there was no question that these projects should have been funded and should continue to be funded," Zerhouni said, according to the Chronicle of Higher Education. Some conservatives have questioned the value of the sexual studies. Rep. Mark Souder (R-Ind.) objected to a Kinsey Institute-sponsored conference on sex research methods, as well as grants to other groups to investigate women's reaction to pornography, older men's sexual fantasies, and HIV among prostitutes. Later, the US House fell two votes short of amending a Department of Health and Human Services funding measure to cut money for the Kinsey study and other projects. In October, a Congressional staffer sent Zerhouni the list, furnished by the Traditional Values Coalition, of 190 projects deemed objectionable.

John Bancroft, director of the Kinsey Institute, credited Zerhouni's position to an organized effort by scientists to back the peer-review system that funded the research. "The tendency has been for the religious right to be very well-organized and everyone else to be somewhat in disarray. Here we're seeing a well-organized, coordinated response from the scientific community," said Bancroft.

STD Increase Troubles Officials Billings Gazette (02.12.04)

Gonorrhea and chlamydia cases have increased in Yellowstone County, the Yellowstone City-County Health Department recently announced. The cases are not limited to illicit activities such as trading sex for illegal drugs or money, said Tamalee Eberle, preventive health services nurse with the department. Instead, the cases are appearing among college and high school singles, ages 16-25, who are experimenting with sex. Gonorrhea cases increased by 50 percent from 2002-2003, and chlamydia cases increased by 33 percent during the same time, according to the latest county health department data. The situation is also a concern because it could be an indicator of HIV/AIDS risk, Eberle said. The best ways to stay safe, Eberle said, are abstinence, maintaining a monogamous relationship, and using condoms.

New Employee in the STD/HIV Section

Deby McNally has joined the STD staff as a Health Service Specialist. She will administer the Rape Prevention Education Grant and the Sexual Assault Prevention Grant, as well as assist with the STD grant requirements.

Deby recently earned a BS degree in Health and Human Performance with a Health Promotion emphasis at The University of Montana. She has served as a YWCA Advocate, Women's Center volunteer, and HIV Prevention Counselor in Missoula.

Deby is originally from South Dakota but has lived in Colorado and Missoula before coming to Helena. She and her husband love living in Montana. She enjoys painting, ceramics, snowboarding, and her dog, Pares.
Deby can be reached at 444-2678 or by email at dmcnally@state.mt.us

Videoconferences to view-past and future

March 10, 2004 **"STD Update"** from Alabama Public Health

March 16, 2004 **"Antiretroviral Update"** from Albany Medical Center

April 10, 2003 **"Agony of Ecstacy"** from Ed Kromhold from Justice

November 13, 2003 **"Incorporating HIV Prevention into the Medical Care of Persons Living with HIV"**

April 24, 2003 **"Update on Rapid Testing for HIV"**

May 5, 2003 **"The Great Pox Revisited: The Return of Syphilis Among MSM and its implications for HIV Transmission and Prevention"**

April 29, 2004 **"Prevention for Positives"**

"She's Too Young", Lifetime movie about Syphilis in a Junior High School setting

All of these videoconferences are taped by the STD/HIV Prevention Section and are available for check-out after the date of the conferences. Call 444-3565 or 444-2675 if you would like to view any of them.

Dates to Remember

Statewide Planning Committee Thursday, April 22, 9:30AM to 3:30PM in Room 107 of the Sanders Building on Helena Capitol Complex campus

Ryan White Consortia Meeting - Friday, April 23; Helena

AIDS Review Panel— April 29 in the Cogswell Building, Room C-314

Rapid Testing Implementation Training April 22; Havre

Spring Public Health Meeting May 11-13; Helena

Community Planning Group (CPG) June 25-26, Red Lion Colonial; Helena

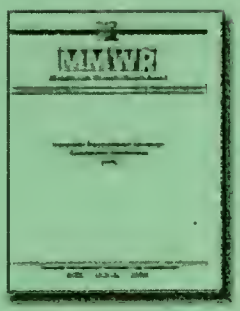
Governor's AIDS Advisory Council June 7; Helena

CPG August 27-28, Red Lion Colonial; Helena

CPG December 3-4, Fairmont Hot Springs; Fairmont

Updated Guidelines

Updated Guidelines for the Use of Rifamycins for the Treatment of Tuberculosis Among HIV-Infected Patients Taking Protease Inhibitors or Nonnucleoside Reverse Transcriptase Inhibitors, available at http://www.cdc.gov/nchstp/tb/tb_hiv_drugs/toc.htm.



Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection [updated January 20, 2004], available at http://aidsinfo.nih.gov/guidelines/default_db2.asp?id=51.

HIV Transmission: Rate in US Is Approximately 4 Percent Per Year AIDS Weekly (03.01.04)

More than 95 percent of HIV-infected people in the United States do not transmit the virus to another individual in a year's time, according to a report by David Holtgrave, PhD, of Emory University's Rollins School of Public Health. This rate is "rather surprisingly low," said Holtgrave. The drop "indicates a real success of HIV prevention programs and may help to explain why the number of new HIV infections has been rather stable at 40,000 infections per year for over a decade." But in what he called a "potentially important insight," Holtgrave noted that "the closer the transmission rate gets to 0 percent, the harder it will be to keep making continual reductions."

"At least 95 percent of persons living with HIV didn't transmit the disease to another person during any given year in the 90s," Holtgrave said. "Still, the transmission rates calculated in this paper also suggest we urgently need research to understand the societal, situations, behavioral and biologic reasons why the remaining infections still occur. What are the behavioral dynamics of partner relationships? How have HIV treatments reduced transmissibility? How do transmission rates vary by gender, age, race, ethnicity and other sociodemographic variables, and why? These are all critical questions that need to be answered so we can disrupt the remaining instances of transmission."

Holtgrave said. "But, we must keep in mind, the public health goal is not to keep the transmission rate the same or let it increase. We must find ways to decrease the transmission rate to even lower levels. Past HIV prevention work has been successful but we have much work to do."

The full report, "Estimation of Annual HIV Transmission Rates in the United States, 1978-2000," was published in the Journal of Acquired Immune Deficiency Syndromes (2004;35(1):89-92).

FDA Approves 10-Minute HIV Blood Test

The Food and Drug Administration (FDA) has approved the Uni-Gold Recombigen HIV test, developed by Trinity Biotech. It is the first rapid HIV test approved for testing blood serum, plasma and whole blood. In trials, the test detected 100 percent of HIV-positive specimens and was 99.7 percent accurate on negative samples. An estimated one-third of those with HIV do not know their HIV status. Use of rapid HIV tests is expected to help outreach programs identify HIV-infected individuals and link them to care for their HIV disease.

In the U.S., Trinity plans to market the Uni-Gold test to hospitals, physicians and government programs for testing of health care workers and others who may experience occupational exposure to HIV. In addition, the test will be marketed for use with pregnant women to reduce the risk of mother-to-child transmission and to community-based prevention programs.

The test will sell for $10.

DPHHS

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Community Planning Group (CPG) Update

The Montana HIV Prevention Community Planning Group (CPG) held their first meeting of the new year on March 19-20 at the Red Lion Colonial Hotel in Helena, welcoming eight new members to the group. Community members met to designate which member would represent their community (HIV+, MSM, IDU, Native American, HRH, and Service Providers) on each standing committee, to ensure adequate representation.

The CPG is currently in the process of re-writing the Montana Comprehensive HIV Prevention Plan, and at the March meeting, engaged in the process of prioritizing target populations for HIV prevention efforts. In accordance with the Centers for Disease Control's Advancing HIV Prevention Initiative, HIV positive persons were given the highest priority.

Target Populations Adopted by the Statewide CPG

Priority I: HIV Positive Individuals (HIV+), defined as individuals who are infected with the Human Immunodeficiency Virus.

Priority II: Men Who Have Unprotected Sex With Men (MSM), defined as men who participate in unprotected oral and anal sex with other men in high-risk situations.

Priority III: Injecting Drug Users (IDU), defined as individuals who inject drugs and share equipment with others.

Priority IV: High Risk Heterosexual (HRH), defined as individuals who participate in unprotected oral, vaginal, and anal sex in high-risk situations.

The CPG is scheduled to meet on June 25-26 in Helena, and will be selecting effective HIV prevention interventions for each designated target population, to be incorporated into the Comprehensive Plan.

If you want additional information regarding the Community Planning Group, or if you would like to apply to become a member, contact Lisa Underwood at 444– 3566 or lunderwood@state.mt.us, for application.